

CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

ESTIMATE

Co Reg No : 199405410K

MR: URMR7

#04-06

Invoice Name & Address

BLK 832 JURONG WEST ST 81

Contact No Mobile: 81181245

SINGAPORE 640832

E	STIMATE	GST Reg No : MR-8500111-X
		Owner Name & Vehicle Info
	Cust No/Name	/MR URMR7
	Reg No/Reg Date	SLN6528P / 12/05/201
	Date In/Mileage	O CONTROL OF THE PROPERTY OF T
	Chassis No	KNAFZ411MH5685817
	Engine No	G4FGGH661138
	Make/Model	KIA/FORTE K3 1.6 A SX HADQ
	Colour/Trim	DN9 RICH ESPRESSO / WK SATURN BLACK

Account No	Terms	Date/Time Pri	nted	CSE	Operator		WIP No		
CSM00081	Cash	13/08/2019/	Concentration of the Concentra	QUA	265 / AndreChow		55802		
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E PNT88000	ND THOTA	H DU CDONT D	AAD TDTI	A MECHANI	ISM AND ELECTRONICS TO)			******
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E PNT88000	HE KEPAI	r.							550.00
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M LATCH A	SSY-FRON	r Door,RH				1.00	۷٥٥٠٥٥	00.00	233.00

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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ESTIMATE

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MD HOMD?	Cust No/Name	/MR URMR7			
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BLK 832 JURONG WEST ST 81 #04-06 SINGAPORE 640832 Contact No Mobile: 81181245	Date In/Mileage	/ 0			
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CSM00081	Cash	13/08/2019/		QUA	265 / AndreChow	01		802	Die e0/	Amount
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							Total	Pavah	le.	9,329.33
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Authorized	signator	y and company			is a computer generated				ic nomin	and

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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13/08/2019 09:47 Date Of Report 13/08/2019 06:35 Date Of Accident

JURONG EAST MRT PICK-UP/ DROP-OFF POINT **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN6528P

Insured/Policyholder

URMR7 Name Of Registered Owner

533600012W Co Reg No

MOHAMADRASHID781@GMAIL.COM Email Address

Mobile Phone No

OFFICE-81181245 Alternative Phone No

Vehicle Particulars

KIA Manufacturer K2 Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5100446129 Policy Number

Cover Note Number

Driver

MOHAMAD RASHID BIN PATHIE Name of Driver

S8109336I NRIC No 27/03/1981 Date Of Birth OUTDOOR Occupation 05/06/2009 **Date Of Driving Pass**

10 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-81181245 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

BLK 816B KEAT HONG LINK #09-71 Address

682818 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLANS

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHA1271C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

CHONG WEE LEONG Name of Driver

NRIC/Passport Number

97239286 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by meror possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

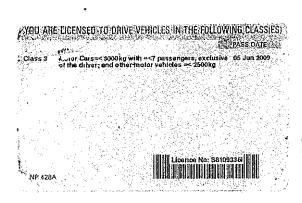
Sketch Plan Pg. 2

SKETCH PLAN	A.	,
B Juron	ng East MRT pich-up,	Drop-of Point.
V A	nde miller () all 2 ° 3 ° ° ° °)), is a see productive to a substrate to the second of the second	Pick-up point
A W IX	N R C R C R C R C R C R C R C R C R C R	for private cars
(Mr. a)	PAYEMENT	t .
774	1	Pick-up point
a care a care a care	and street and the st	for Taxis.
A: SEN 6528	•	,
B: SHA 1271 C		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Twas bead	ing toward the pick-	up /diop-off point of
the said of	ocation, but upon ma.	leing a laft turn !
obscovered.	that the lane was	not passable (to enter)
due to the	number of cars alre	ady in the gwen lane
and the to	urning angle was en	sufficient forme to
oven get is	r to the left lane a	s the car whend of
me couldn't	even get into the	lane completely.
I Therefore	had no choice but	to proceed to the
jught lane	to exit the area or	alse L walle be
causing obs	truction , Rul before	Could active off
Neh-taxer B	hit the right side	e of my car muny
the right	front door. My car	was statement was
vehille 8	collided on to the my	of and the causing
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Western Company of the Company of th		
		S. Williams
DECLARATION	rticulars are true in every respect.	10 500
in the the spregning ha		(PANDAN)
E		
Policyholder's vignature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : drivo CLASSIC Certificate Number: 5100446129-01

1. Index mark and Registration Number of Vehicle : SLN6528P

; KNAFZ411MH5685817 **Chassis Number**

: URMR7 2. Name of Policyholder : 12 May 2019 3. Effective Date of Insurance : 11 May 2020 4. Expiry Date of Insurance

- 5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: N/A **EXCESS (SECTION 1)** : N/A **EXCESS (SECTION 2)** : S\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : YES

: MOHAMAD RASHID BIN PATHIE PRIMARY DRIVER

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: GOLDBELL FINANCIAL SERVICES PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: INCOME-BRANCH SERVICES (00000097888) Date of Issue

: 29 Apr 2019 18:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive